

SKI-HI TRAINING APPLICATION/REGISTRATION

January 17, 18, 19, 2005 and February 10, 11, 12, 2005

Indiana School for the Deaf

(Times and exact location to be announced)

Name: _____

Address: _____

Phone: _____

Email: _____

Current Job: _____

Background/Experience with Deaf and Hard of Hearing:

Why are you interesting in this training?

You will receive confirmation after your application is accepted. Limited accommodations are available upon request. Thank you.

Please RSVP by December 10.

Mail or fax registration to:

Indiana School for the Deaf

1200 E. 42nd Street

Indianapolis, Indiana 46205

Attention: Joyce Conner, Outreach Department

Fax: 317-920-6350

For more information, please contact the Parent Infant Program at

LDille@isfd.state.in.us Or 317-924-8415